

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

139001

<010> Study Area Code

Cox Connecticut Telecom, LLC

<015> Study Area Name

2014

<020> Program Year

Jay Bradbury

<030> Contact Name - Person USAC should contact regarding this data

404-269-9190

<035> Contact Telephone Number - Number of person identified in data line <030>

jay.bradbury@cox.com

<039> Contact Email Address - Email Address of person identified in data line <030>

<110> Has your company received its ETC certification from the FCC?

<110> If your answer to line <110> is yes, do you have an existing §54.202(a) "5

(yes / no) ☐ ☒

<111> year plan" filed with the FCC?

(yes / no) ☐ ☐

If your answer to line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Study Area Code
<010>

Cox Connecticut Telcom, LLC

<015>	Study Area Name

2014

Program Year
<020>

Jay Bradbury

<030> Contact Name - Person USAC should contact regarding this data

030> 404-269-9190

4-identified in data line <Q30> 'day, bradbury	<Q35> Contact Telephone Number - Number of person identified in data line <Q30>	4-01-20	2-22

jay.bradbury@cox.com

<039> Contact Email Address - Email Address of person identified in data line <000> 3-1

[illegible]

Study Area Code	Study Area Name	Study Area Description	Study Area Location	Study Area Status
<010>				

Cox Connecticut Telcom, LLC

Study Area Name
<015>

2014

<u><020></u>	<u>Program Year</u>
01	2000
02	2001
03	2002
04	2003
05	2004
06	2005
07	2006
08	2007
09	2008
10	2009
11	2010
12	2011
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91	2090
92	2091
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96	2095
97	2096
98	2097
99	2098
00	2099

Jay Bradbury

<030> Contact Name - Person USAC should contact regarding this data

Day Discovered
404-269-9190

<30>	Contact Name - Name of person identified in data line <30>	404-269-9150
<35>	Contact Telephone Number - Number of person identified in data line <30>	jay.bradybury@cox.com

404-269-9190
jay.bradbury@cox.com

<039> Contact Email Address - Email Address of person identified in data line 038

Effective Date

[illegible]

<701> Residential Local Service Charge
<702> Single State-wide Residential Local Service Charge

L

[illegible]

Cox Connecticut Telcom, LLC

Jay Bradbury

404-269-9190

30> jay.bradbury@cox.com

[illegible]

Cox Connecticut Telcom, LLC

2014

2014

Jay Bradbury

404-269-9190

30> jay.bradbury@cox.com

<T>

SAC

Doing Business As Company or Brand Designation

-- See attached worksheet --

**(900) Tribal Lands Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<910>	Tribal Land(s) on which ETC Serves	

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) Includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)	

Name of Attached Document (.pdf)

(1100) No Terrestrial Backhaul Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telecom, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G)

☐

**(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telecom, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jay.Bradbury@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

 HTTP <http://ww2.cox.com/residential/connecticut/phone/lifeline.cox>

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

 FCC Form 481
 OMB Control No. 3050-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(c)(d)(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(e))

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions ☐

Name of Attached Document Listing Required Information _____

(3000) Rate Of Return Carrier/Auditor's Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3080-0986/OMB Control No. 3080-0819
July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Tel.com, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jay.Bradbury@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011)	Community Anchor Institutions (47 CFR § 54.313(f)(2)(ii)) If yes, does your company file the RUS annual report pursuant to § 54.313(f)(2) contains the required information pursuant to § 54.313(f)(2) compliance requires:	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3012)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3015)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3016)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No)
(3017)	If the response is no on line 3014, is your company audited?		<input type="checkbox"/>
(3018)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: • Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3019)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3020)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3021)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3022)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3023)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3024)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No: 3060-0986/OMB Control No: 3060-0819 July 2013
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<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Cox Connecticut Telcom, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/07/2013
Printed name of Authorized Officer:	Joiava Philpott
Title or position of Authorized Officer:	Vice President, Regulatory Affairs
Telephone number of Authorized Officer:	404-269-0983
Study Area Code of Reporting Carrier:	139001 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FEC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____ Filing Due Date for this form: _____	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____ Filing Due Date for this form: _____	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Cox Florida Telcom, LLC

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	219019
<015> Study Area Name	Cox Florida Telcom LP
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jay Bradbury
<035> Contact Telephone Number: Number of the person identified in data line <030>	404-269-9190
<039> Contact Email Address: Email of the person identified in data line <030>	jay.bradbury@cox.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410> Fixed		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<510> <input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<610> <input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110> <input type="checkbox"/>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

219019

<010> Study Area Code

<015> Study Area Name

Cox Florida Telcom LP
2014

<020> Program Year

Jay Bradbury

<030> Contact Name - Person USAC should contact regarding this data

404-269-9190

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com

<110> Has your company received its ETC certification from the FCC?

(yes / no)

☐ ☒

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?

(yes / no)

☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
<114> Report how much universal service (USF) support was received
<115> How (USF) was used to improve service quality
<116> How (USF) was used to improve service coverage
<117> How (USF) was used to improve service capacity
<118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Study Area Code
<010>

Study Area Name
<015>

Program Year	<020>
--------------	-------

<030> Contact Name - Person USAC should contact regarding this data

<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190

<039> Contact Email Address - Email Address of person identified in data line <030> Jay.Draabury@cox.com

[illegible]

Study Area Code	Study Area Name	Study Area Description	Study Area Location	Study Area Status
<010>	Study Area Code			

Cox Florida Telcom LP

Study Area Name
<015>

2014

Program Year	
<020>	

Jay Bradbury

<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190
-------	---	--------------

404-269-9190

<U3>	contact@crepennet.com
<O3>	Contact Email Address - Email Address of person identified in data line <O3> jay.brady@cox.com

jay.bradbury@cox.com

 <701> Residential Local Service Charge Effective Date |

1/1/2013

<702> Single State-wide Residential Local Service Charge

[illegible]

<u><010></u>	<u>Study Area Code</u>
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
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Cox Florida Telcom LP
2014

Study Area Name	Study Year
<015>	

Program Year	<020>
Program Year	<020>

<030>	Contact Name - Person USAF should consider - going	404 - 269 - 9190
-------	--	------------------

<035>	Contact telephone number - Number of person	
	Contact Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

<039>	Contact Email Address - Email Address of Person Initiating Case

[illegible]

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<810>	Reporting Carrier	Cox Florida Telcom LP
<811>	Holding Company	Cox Communications Inc
<812>	Operating Company	Cox Florida Telcom LP

[illegible]

(900) Tribal Lands Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telecom LP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jay_bradbury@cox.com
<910>	Tribal Land(s) on which ETC Serves	

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

	Select (Yes, No, NA)
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements	
<926> Compliance with Facilities Siting rules	
<927> Compliance with Environmental Review processes	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	

Name of Attached Document (.pdf)

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jay.Bradbury@cox.com

Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telecom LP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP <http://ww2.cox.com/residential/gulfcoast/phone.cox>

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form****Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers**

FCC Form 481

OMB Control No. 3060-0986 OMB Control No. 3060-0019

July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<2010>	Incremental Connect America Phase I reporting	<input type="checkbox"/>
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(e))	<input type="checkbox"/>
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	<input type="checkbox"/>
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))	<input type="checkbox"/>
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>

Name of Attached Document Listing Required Information

(400) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0966/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Tel.com LP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190
<035>	Contact Email Address - Email Address of person identified in data line <030>	Jay.Bradbury@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(i)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) If yes, does your company file the RUS annual report pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3012)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3013)	If the response is no on line 3014, is your company audited?	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No)
(3014)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(3015)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3016)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/> <input type="checkbox"/>
(3017)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3018)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3019)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3020)	Attach the worksheet listing required information		<input type="checkbox"/>